

## **Plan B: What Physicians Need to Know About Emergency Contraception**

On August 29<sup>th</sup> 2006, the U.S. Food and Drug Administration (FDA) approved a change to over-the-counter (OTC) licensing for progesterone-only emergency contraception (EC), sold in the U.S. as Plan B. As of November, EC is available without a prescription for individuals ages 18 and over and as a prescription drug for adolescents under age 18. Because of its dual licensing status, EC actually will be a *behind-the-counter* drug, available in drug stores only when a pharmacist is on site.

Research demonstrates that EC is safe and effective for teenagers as well as adults. Since adolescents are more likely than adults to engage in unplanned, unprotected intercourse, the FDA decision to limit access to OTC EC to women ages 18 and over creates a barrier for a population at high risk for unintended pregnancy.

Following the passage of state legislation in 2002 (SB 1169), twenty-five percent of California pharmacies voluntarily offer direct access to EC without a prescription and without age restrictions. In these pharmacies the FDA requirements for OTC access do not apply — women under age 18 and those without government-issued ID may still purchase EC directly from the pharmacist. However, the FDA restrictions will impact the millions of women and adolescents who patronize the remaining 75% of the state's pharmacies that do not voluntarily offer direct access to EC.

Although California women no longer need a prescription to obtain Plan B, financial and logistical barriers to EC still exist. Physicians will continue to play a vitally important role improving access to EC, especially by providing education and prescriptions in advance of need.

### **What is Emergency Contraception?**

EC is birth control utilized after unprotected sexual intercourse (including sexual assault and contraceptive failure) to prevent pregnancy. Most discussions about EC currently revolve around EC pills, which are safe and effective for use by women of all ages. Like regular birth control pills, EC pills primarily work by delaying or inhibiting ovulation. If a woman is already pregnant when she uses EC, the pills will not disrupt or harm her pregnancy. No medical clearance, physical exam, or laboratory test is required prior to EC use.

Although combined hormonal contraceptive pills may be used as EC, and have been prescribed as such for three decades, the newer, progesterone-only form of EC is more effective and causes fewer side effects. Plan B consists of two doses of 0.75 mg of levonorgestrel, taken as soon as possible after unprotected intercourse. Plan B is more

effective the sooner it is taken, but evidence shows that it reduces the risk of pregnancy when ingested up to 120 hours after sex.

Because the benefits of EC use are great, its risks minimal, and the window of opportunity for its utilization small, women must have easy and consistent access to the drug. Physicians will continue to play a vital role in ensuring this access.

### **What Role Do Physicians Play in EC Access?**

#### **1) Educate patients about emergency contraception**

Many women, especially those most vulnerable to unintended pregnancy, are not aware that EC can prevent pregnancy after intercourse. Also, many patients as well as physicians remain confused about the mechanism of EC, incorrectly believing it causes abortion. Explain to your patients that in actuality EC may reduce the need for abortion.

#### **2) Write prescriptions for insurance coverage**

The cost of EC may present a significant barrier for some women, especially low-income women and adolescents. The current cost of pharmacy access EC (and the expected cost of OTC EC) is \$40 - \$50. Medi-Cal and Family PACT are expected to continue to cover Plan B, but by prescription only. Even though Plan B is available through pharmacists in California, writing prescriptions for your patients will mitigate the economic barrier that some women and adolescents face.

#### **3) Write prescriptions in advance of need**

Routine gynecologic and primary care visits provide an excellent opportunity for patient education about EC. To improve patient access and options, physicians should offer all sexually active women at risk of unwanted pregnancy a prescription for Plan B *in advance of need*. Prescription access to EC may prove especially important for immigrant women who lack the government-issued ID required for OTC access<sup>[CU1]</sup> in many pharmacies, and for women who live in more rural areas of southern California, for whom long travel distances to pharmacies may preclude timely access to EC.

By implementing these 3 items in practice, southern California physicians can greatly enhance women's access to EC and help decrease unintended pregnancy in our region.

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